10/27/2004 10:40 FAX 408 982 8210

OCT 2 7 2004

PTO/SB/83 (09-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

| Application Number | 10/077,211 | | | | | |
|------------------------|-------------------|--|--|--|--|--|
| Filing Date | February 14, 2002 | | | | | |
| First Named Inventor | Richard Nathan | | | | | |
| Art Unit | 2827 | | | | | |
| Examiner Name | Zameke | | | | | |
| Attorney Docket Number | JIG0006 US | | | | | |

| P.O. | missioner fo Box 1450 andria, VA 2 | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|---------------------------------------|------------|-------------|--------------------|----------------------------|--------------|-------------|--------------------------|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | | | | | |
| all the attorneys/agents of record. | | | | | | | | | | | |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | | | | | | |
| | | | | | | | | | | | |
| the attorneys/agents associated with Customer Number | | | | | | | | | | | |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | | | | | | | | |
| The reasons for this request are: | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1. — The correspondence address is NOT affected by this withdrawal. | | | | | | | | | | | |
| 2. Change the correspondence address and direct all future correspondence to: | | | | | | | | | | | |
| The address associated with Customer Number: | | | | | | | | | | | |
| The address associated with Customer Number; | | | | | | | | | | | |
| OR | | | | | | | | | | | |
| | m <i>or</i> lividual Name | JigSaw tek, Inc. | | | - | | | | | | |
| Address | dress 90 Great Oaks Blvd, Suite 206 | | | | | | | | | | |
| | | | | | | | | | | | |
| City | | San Jose | · · · · · · · · · · · · · · · · · · · | State | CA | | | ····· | Zip | 95119 | |
| Country US | | | | | | | | | | | |
| Telephone (408) 225-8300 | | | | | | Fax (408) 225-8383 | | | | | |
| Signature | S. Om | kar | | | | | | <u>r. , </u> | | | |
| Name | OMKAR SURY | | | | | | | No. | 36,320 | 96,320 | |
| Date | October 26, 200 | 2004 Te | | | | | Telephone No. 408/982-8203 | | | -8203 | |
| NOTE: Withdi | rawai is effective w | hen approved rather than w | then received. Unle | sa there a | re at least | 30 days b | etween | approv | el of withd | rawel and the expiration | |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepening, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 23213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioners for Patents. P.O. Box 1450, Alexandria, VA 23213-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.